MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10 584453 FILING DATE

APPLICANT(S

1 2 3	AS IND	FILED DEP	I" AM	FTER TENDMENT DEP	2 ^{ad} AMI	TER ENDMENT DEP.
3		13	_	. DEP	IND.	DEP.
3		_				
3		_	╂			
		_		1		
		/W.V		+	:	
4				1 1		
5	• .	1 (1)	-	1		ļ
7	+	1 (3)	-	-		
8	 			+ +	<u> </u>	
9	- 		 	+-+		
10	1	(1)		+	1	 -
11	1	1 60		1	1	
12				1		
13			- 1			
14						
15			<u> </u>			
16	 		 	- 		
17			╂			
19	 		 ` ` 			
20	1	 	1	1	1	
20 21	1	<u> </u>	1	1	1	
22						
23						
24	 					
25		ļ		-		
26 27	 	 	<u> </u>	 		
28	 	 		 	 	
29	1	-	 	 		
30		1				
31 ·						
32	·			<u> </u>		
33	├	 				
34	 			 		
35 36	 	 		 	ļ	
37	 			 	 	
38	1	 		 		
39		1		1		
40						
41						
. 42	 	ļ				
43		<u> </u>				
44	 -	 				
45					 -	
47	 	 		 	 -	
48						
49	 	 				
50						
TOTAL IND.	·	4	2,			1
TOTAL DEP.	·	(10	(4)		←
TOTAL CLAIMS			12			

	AS	AS FILED		AFTER		AFTER 2 MAMENDMENT	
	IND.	DEP.		DEP.			
51 52	ļ						
53 -	-	 		 			
54	1						
<u>55</u> 56	 	 	 				
57	1	 	 	 			
58							
59 60	 	-	-				
61							
62	ļ						
64	 	 -					
65							
66	 	ļ					
68		 	 				
69	·	,					
70 71	 	 	 				
72							
73 - 74							
75							
76							
77 78	-						
79							
80 81	, · · ·		1				
82	 -						
83							
84 85							
86					`		
87							
88 89							
90							
91 92							
92	·~ ·						
94							
95 96							
97							
98							
99 100		·					
TOTAL							
IND. TOTAL	·	▼		▼		▼	
DEP.		(((=	
TOTAL CLAIMS					88		

PTO - 1360 (REV. 11/04)